

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001488

**FILED**  
**Mar 26, 2009**  
**Secretary of State**

**Entity Name:** JAMES W SUMMERS, LLC

**Current Principal Place of Business:**

9051 CARIBBEAN DR  
PENSACOLA, FL 32506

**New Principal Place of Business:**

9051 CARIBBEAN DR  
PENSACOLA, FL 32506 US

**Current Mailing Address:**

9051 CARIBBEAN DR  
PENSACOLA, FL 32506

**New Mailing Address:**

9051 CARIBBEAN DR  
PENSACOLA, FL 32506 US

FEI Number: 20-2102764

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BASS & SANDFORT ACCOUNTANTS PA  
1301 W GARDEN ST.  
PENSACOLA, FL 32501 US

**Name and Address of New Registered Agent:**

BASS & SANDFORT ACCOUNTANTS PA  
1301 W GARDEN ST  
PENSACOLA, FL 32502 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

03/26/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SUMMERS, JAMES W  
Address: 9051 CARIBBEAN DR  
City-St-Zip: PENSACOLA, FL 32506

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES W SUMMERS

MGRM

03/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date